



CITY OF SHEBOYGAN
SPECIAL USE AND SITE PLAN REVIEW
APPLICATION

Fee: \$100

Review Date: _____

Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information

Name (Ind., Org. or Entity)	Authorized Representative	Title	
McKenzie's Mission AFH Inc	Heidi Loose	CEO	
Mailing Address	City	State	ZIP Code
518 Fishermans Row	Sheboygan	WI	53081
Email Address	Phone Number (incl. area code)		
mckenziemission@gmail.com	920-627-3079		

SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)

Name (Ind., Org. or Entity)	Contact Person	Title	
Sam Walker	Sam Walker	Current Home Owner	
Mailing Address	City	State	ZIP Code
2735 N. 31st Pl	Sheboygan	WI	53083
Email Address	Phone Number (incl. area code)		
samwalker9491@gmail.com	920-946-4546		

SECTION 3: Architect Information

Name			
NA			
Mailing Address	City	State	Zip
Email Address		Phone Number (incl. area code)	

SECTION 4: Contractor Information

Name			
NA			
Mailing Address	City	State	Zip
Email Address		Phone Number (incl. area code)	

SECTION 5: Certification and Permission

Certification: I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this Site Plan Review Application. I certify that the information contained in this form and attachments are true and accurate. I certify that the project will be in compliance with all conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation and a fine and/or forfeiture under the provisions of applicable laws.

Permission: I hereby give the City permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with any resulting permit coverage.

Name of Owner/Authorized Representative (please print)	Title	Phone Number
Heidi J Loose	CEO	920-627-3079
Signature of Applicant		Date Signed
		6-4-2024

Complete application is to be filed with the Department of City Development, 828 Center Avenue, Suite 208. To be placed on the agenda of the City Plan Commission, application must be filed three weeks prior to date of meeting – check with City Development on application submittal deadline date. Applications will not be processed if all required attachments and filing fee of \$100 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

SECTION 6: Description of the Subject Site/Proposed Project

Parcel No. 59281609410

Zoning Classification SR-S

Name of Proposed/Existing Business:

Address of Property Affected:

2735 N 31st Pl

New Building: ☐Addition: ☐Remodeling: ☐**SECTION 7: Brief Description of Type of Structure**

Residence - single family ranch with basement
3 Bed 2 bath built in 1970's
remodeled in 1990's

SECTION 8: Description of EXISTING Operation or Use

Owner occupied single family residence

SECTION 9: Description of the PROPOSED Operation or Use

State licensed 3-4 bed adult family home for developmentally disabled and senior population. Plan to keep exterior the same only adding a wheelchair ramp. ~~Ma~~ Inside will request permit to level sunken living room, expand bedroom & bathroom doorways to 32" & update bathrooms. All renovation to be completed by 05/2025. Only 1-2 employees maximum.